



Child and Adult Care Food Program (CACFP)

Recordkeeping Requirements

for the

**At-Risk After School
Snack and Supper Program**

Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance

P.O. Box 570

Jefferson City, MO 65102-0570

800-733-6251

FAX 573-526-3679

CACFP@dhss.mo.gov

<http://www.dhss.mo.gov/cacfp>

July 2008

Missouri Department of Health and Senior Services
Child and Adult Care Food Program
Healthy Eating After School

TABLE OF CONTENTS

List of Child and Adult Care Food Program Offices	3
Who is eligible to participate?	4
Recordkeeping - What do I have to do?.....	5
Reimbursement - How much will I receive?	6
Claims Submission - How will I get paid?	6
Tips for organizing your records.....	6
Content of Meals - What should I serve?.....	7
Meal Pattern Food Chart for Supper and Snack	8
Snack and Supper Menu Form.....	9
Daily Menu Planning and Production Record	10-11
Daily Attendance Record.....	12
Meal Count Record	13
Documenting Staff Training	14
Documenting Nonprofit Food Service.....	14
Training Documentation	15
CACFP Form 214 - Documentation of Non-profit Foodservice	16
Beneficiary Data Report	17
Filing a Claim for Reimbursement	18
What to Do if You Decide to Appeal.....	19-20

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Community Food and Nutrition Assistance, P.O. Box 570, Jefferson City, MO 65102, 1-800-733-6251. TDD users can access the preceding number by calling 1-800-735-2966. EEO/AAP services provided on a non-discriminatory basis.

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
Child and Adult Care Food Program Offices

Central Office

P.O. Box 570
Jefferson City, MO 65102-0570
800-733-6251
FAX 573-526-3679
CACFP@dhss.mo.gov

Northwest District Health Office

3717 S. Whitney Ave.
Independence, MO 64055
800-733-6251

Cape Girardeau Area Health Office

710 Southern Expressway, Suite B
Cape Girardeau, MO 63703
800-733-6251

Southwest District Health Office

149 Park Central Square
Suite 116
Springfield, MO 65806
800-733-6251

Eastern District Health Office

220 South Jefferson
St. Louis, MO 63103
800-733-6251

Who is eligible to participate?

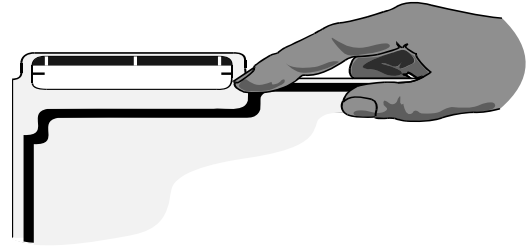
Eligibility Requirements:

To be eligible to qualify for reimbursement under the Child and Adult Care Food Program, after-school programs must meet the following criteria:

- ✓ The program must be operated by a public or private non-profit organization. In some instances, for-profit organizations may also be eligible to participate in the program.
- ✓ The program must operate in an after-school setting.
- ✓ The after-school program must provide an organized, structured, supervised environment which includes educational or enrichment activities. Programs offering supervised athletic activities along with education or enrichment activities may also be eligible, however, the athletic activities must be open to all and may not limit membership for reasons other than space, security or licensing requirements.
- ✓ The after-school program must be located in a geographic area where at least 50% of the children enrolled in the school serving the area are eligible for free or reduced price school lunch meals.
- ✓ The program must be licensed, or must provide certification that the facility meets minimum health and safety standards, including a copy of a recent fire safety inspection, and a copy of a recent sanitation inspection.
- ✓ Reimbursement may only be made for snacks and/or suppers served to children after the school day has ended. Before school snacks or snacks served during the course of the school day, i.e., as part of a kindergarten or preschool program, are not eligible for reimbursement under this program.
- ✓ If both a snack and supper are served in the after-school program, a total of 2 hours must elapse between the end of one meal and the start of the other meal. The program must operate more than three (3) hours per day to serve both meals.
- ✓ Snacks and/or suppers served on weekends, holidays, and other vacation periods during the regular school year are eligible for reimbursement.
- ✓ The after-school snack and supper program is only available during the months that school is in session. Summer programs do not qualify for reimbursement under this program.
- ✓ Reimbursement may only be made for school age children through age 18. If a child who attends school reaches his or her 19th birthday after the start of the school year, the child will remain eligible for snack and supper reimbursement through the remaining school year. Reimbursement may also be claimed for individuals who are mentally or physically disabled, regardless of age.

Recordkeeping Requirements

What Do I Have to Do?



Our goal is to keep any recordkeeping burden to the minimum necessary to ensure that Child and Adult Care Food Program (CACFP) reimbursement is properly paid. New participants will attend an orientation workshop before participation in the CACFP.

Each after school program will be monitored at least every three years. The monitoring may be announced or unannounced. If announced, the center will receive a letter 45 days in advance but the letter will not give a date. There is no notice given for an unannounced review. During the monitoring visit at least one meal service will be observed. All required records (listed below) must be available to the Department representative within one hour of arrival. Failure to make any and/or all records available within the required time may result in findings, corrective action, and/or overclaims.

- ✓ Current license or copies of recent fire safety inspection and sanitation inspection.
- ✓ A copy of the Program Services Contract with the Missouri Department of Health and Senior Services (MDHSS).
- ✓ Copy of the sanitation inspection.
- ✓ Daily Attendance records.
- ✓ Daily dated meal tally records
- ✓ Daily dated menus that meet the minimum requirements. (CACFP Meal Pattern for Snacks and Suppers*)
- ✓ Non-profit food service verification: copies of invoices and receipts that document food costs, labor costs, operating costs, and income to the program.
- ✓ Yearly report of the racial/ethnic breakdown of participating children on the Beneficiary Data Form*.
- ✓ Documentation of yearly training to staff on Master Training Log or CACFP Training Documentation.
- ✓ An audit report for the most recent year if your institution is non profit and receives more than \$500,000 per year in federal funds.
- ✓ A copy of the "And Justice for All" poster, posted in a prominent place to comply with 1964 Civil Rights Act.
- ✓ The At risk Policy and Procedure Manual is available on the CACFP website at: www.dhss.mo.gov/cacfp .

Reimbursement

How Much Will I Receive?



After-school programs may claim reimbursement for one snack and/or one supper, per child, per day. The following reimbursement rate for snacks and suppers served to participating children are effective through June 30, 2009:

<u>Snack</u>	<u>Supper</u>
\$0.71	\$2.7775

Claims Submission

How Do I Get Paid?

A monthly Claim for Reimbursement must be submitted to MDHSS-CACFP within 60 calendar days from the last day of the claim month. To receive timely payment, claims must be submitted on the Internet Web-based System by 5:00 PM on the 10th of the month for the first processing. Claims received after the 10th of the month will be processed in the second processing. Second processing claims must be received by the 25th of the month. All documentation used for compiling and substantiating the claim must be kept for a period of three years after the end of the fiscal year to which they pertain.

Tips for organizing your records

- Choose a file box or cabinet to store your records safely.
- Purchase file folders, large envelopes and or a 3-ring binder.
- Make copies of the Attendance and Meal Tally to keep in a folder or binder.
- List all children on the Attendance Sheet. Add to the list as children join your program.
- Complete the meal count tally at each snack and or supper as the children are being served.
- Keep all food service cost receipts, invoices, etc. in a file or envelope by the month of purchase or donation.
- Label another folder for Menus. File all your daily dated menus for the month.
- Additional guidance can be found in the At risk Policy and Procedure Manual available at www.dhss.mo.gov/cacfp

Content of Meals

What should I serve?

At Risk centers whose normal operating hours are 2 hours or less will be approved for the snack meal. At Risk centers whose normal operating hours are 2 ½ or more may be approved for the supper meal service. At Risk centers open for more than 3 hours may be approved for both the snack and supper meal when at least 2 hours can elapse between the end of one meal and the start of the second.

The snacks and suppers served must meet the CACFP meal pattern requirements as listed on the Food Chart-At Risk After School on the following page. It is recommended that programs offer the larger portions for older children (aged 13 through 18) based on their greater food energy requirements.

A good variety of food items should be served to include fresh fruits and fresh vegetables several times a week. The guidelines outlined in the Creditable Foods Guide and the At Risk Policy and Procedure Manuals can help you plan a nutritional menu for the children in your care.

Food Chart – At Risk After School

		Age 6 through 12	Age 13 through 18 ¹
Snack Serve 2 of 4 components.	Fluid Milk	1 cup	1 cup
	Juice or Fruit or Vegetable ²	$\frac{3}{4}$ cup	$\frac{3}{4}$ cup
	Meat or Meat Alternate	1 ounce	1 ounce
	Grains/Bread	1 slice	1 slice
Supper Serve each component.	Fluid Milk	1 cup	1 cup
	Meat, Poultry, Fish, Cheese, or	2 ounces	2 ounces
	Egg, or	1	1
	Cooked Dry Beans, Peas, or	$\frac{1}{2}$ cup	$\frac{1}{2}$ cup
	Peanut Butter	4 Tbsp.	4 Tbsp.
	Vegetables and/or Fruits (must serve at least two different varieties ³)	$\frac{3}{4}$ cup total	1 cup total
	Grains/Bread	1 slice	2 slices

¹Children ages 12 and up may be served these portions based on the greater food need of older boys and girls, but shall be served not less than the minimum quantities specified for children age 6 up to 12.

²Juice may not be served if milk is the only other component at snack.

³A minimum of 1/8 cup of each must be served.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (303) 844-0354. USDA is an equal opportunity provider and employer.

Snack and Supper Menus

Meal Pattern for Snack Choose two of four components	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Milk (fluid)							
Juice* or fruit or vegetable							
Grain/bread							
Meat/meat alternate							
Meal Pattern for Supper	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Milk (fluid)							
Fruit or vegetable**							
Fruit or vegetable							
Grain/bread							
Meat/meat alternate							

*Juice may not be served when milk is the only other component of the snack.

**Serve at least two different varieties.

After-school programs may claim reimbursement for snacks served on weekends, holidays, and other vacation periods during the regular school year. Programs may not claim reimbursement through this provision when school is not in session (i.e., when school is closed for the summer).

Daily Menu Planning and Production Record

Date	Meal	Menu	Number to be served	Food items used	Amount prepared or served

Menu Checklist:

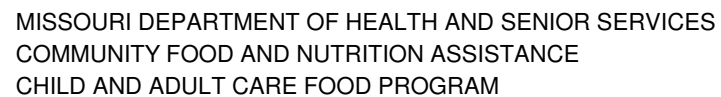
1. Does each snack contain at least two components, each from a different food group?
2. Have you been very specific about the type of item to be served and how it is prepared?
3. Have you been specific about the package sizes and/or weight of food prepared.

Daily Menu Planning and Production Record SAMPLE

Date	Meal	Menu	Number to be served	Food items used	Amount prepared or served
9/10	Supper	Baked Fish Fillets Macaroni and Cheese Green Beans Peach Slices Milk	40	Fish Macaroni Green Beans Peaches Milk	2.5 pounds 2 pounds 1 #10 can 2 #10 cans 40 ½ pints
9/10	Snack	Blueberry Muffins Apple Juice	65	Muffins Apple Juice	65 – 3 ounce muffins 5 – 64 ounce cans
9/11	Supper	Hamburger on a bun French Fries Mixed Fruit Cup Milk	35	Ground beef patties Frozen French Fries Fruit Cocktail Buns Milk	35 – 3.2 ounce patties 10 pounds 2 #10 cans 3 – 16 ounce pkgs. 35 ½ pints
9/11	Snack	Whole grain ready to eat cereal Milk	55	Cheerios Milk	3 – 24 ounce boxes 55 ½ pints

Menu Checklist:

1. Does each snack contain at least two components, each from a different food group?
2. Have you been very specific about the type of item to be served and how it is prepared?
3. Have you been specific about the package sizes and/or weight of food prepared.



DAILY ATTENDANCE RECORD

MO 580 1461 (8-05)

Enter this number in field (6) of the online claim .

CACER 212

CACFP At Risk Meal Count Record

Name of Program								Date			Meal Served* Circle type of meal SNACK SUPPER			
Meal Service time						Meals Prepared/Delivered				Total Meals Available				
Meal Tally (make a slash mark through the numbers for each meal/snack served.)														
1	11	21	31	41	51	61	71	81	91	101	111	121	131	141
2	12	22	32	42	52	62	72	82	92	102	112	122	132	142
3	13	23	33	43	53	63	73	83	93	103	113	123	133	143
4	14	24	34	44	54	64	74	84	94	104	114	124	134	144
5	15	25	35	45	55	65	75	85	95	105	115	125	135	145
6	16	26	36	46	56	66	76	86	96	106	116	126	136	146
7	17	27	37	47	57	67	77	87	97	107	117	127	137	147
8	18	28	38	48	58	68	78	88	98	108	118	128	138	148
9	19	29	39	49	59	69	79	89	99	109	119	129	139	149
10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Adult Meal Tally														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total Meals Served to Eligible Participants										_____				
Total Meals Served to Adults										_____				
Total Meals Left Over										_____				
Signature of After-School Program Representative										Date				

*Use a separate form for each meal served (snack or supper).

Documenting Staff Training

All center staff must be trained at least annually with regard to the CACFP. The training must include information on the CACFP meal pattern, reimbursement process, accurate meal counts, claim submission and recordkeeping requirements. Update staff on any changes that occur during the year. Documentation of training must include:

- a) topics
- b) session dates
- c) number in attendance
- d) location
- e) names of participants (attach a sign-in sheet or roster)
- f) name of presenter

The Master Training Log or the Training Documentation form may be used to document the annual CACFP training you conduct.

Documenting Non-Profit Food Service

Programs must have documentation to verify that all of the CACFP reimbursement is being used solely for conducting or improving the food service operation. CACFP Form 214, Documentation of Non-profit Foodservice may be used. Non-profit food service verification includes:

1. Save all food and nonfood receipts or invoices. Nonfood costs can be charged to the food service if the nonfood product is necessary to the food service. Examples of allowable nonfood charges include paper napkins, straws, plastic utensils, cleaning supplies for the kitchen, etc.

Only those foods used for the CACFP can be charged to the food service. Food items purchased strictly for adults, personal use or for other programs cannot be counted toward the CACFP food service costs.

2. Determine the total amount of food and nonfood costs. If this amount is less than the CACFP monthly reimbursement, document food service labor costs. If the total food costs for the month is greater than the CACFP reimbursement, the center does not need to document labor costs.
3. Determine the amount of labor time spent on the food service. The Labor Costs form will assist in determining how much labor cost can be charged to the food service. Each position supporting the food service shall be listed. Labor costs must be supported with payroll stubs and time studies. For each position listed, indicate:
 - a) The salary per hour
 - b) The number of hours spent on the food service
 - c) The total cost chargeable to the food program



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM

ANNUAL TRAINING DOCUMENTATION

DATE	TRAINING LENGTH
TRAINING LOCATION	
TRAINER NAME	TITLE / POSITION
TOPIC(S) PRESENTED: (CHECK ALL THAT APPLY.)	
<input type="checkbox"/> Meal Pattern Requirements*	<input type="checkbox"/> Daily Attendance Records
<input type="checkbox"/> Recordkeeping Requirements*	<input type="checkbox"/> Creditable Foods
<input type="checkbox"/> Meal Count Procedures*	<input type="checkbox"/> Child Nutrition
<input type="checkbox"/> Reimbursement System*	<input type="checkbox"/> Fostering Healthy Eating Habits
<input type="checkbox"/> Claim Submission & Review Procedures*	<input type="checkbox"/> Menus_____
<input type="checkbox"/> Infant Feeding (if applicable)	<input type="checkbox"/> Other_____
<input type="checkbox"/> Civil Rights Training	

Attendance Sign-In

Name (<i>signature</i>)	Print Name / Position

*REQUIRED TRAINING per Federal Regulation 7 CFR 226.15(e)(14)

*Training must include instruction, appropriate to the level of staff experience and duties, on Program requirements
Attach a copy of the training outline/lesson plan to this form.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM

DOCUMENTATION OF NON-PROFIT FOODSERVICE

FACILITY NAME						CLAIM MONTH	
POSITION TITLE/EMPLOYEE	SALARY PER HOUR	X	HOURS WORKED PER DAY ON FOOD SERVICE	X	DAYS WORKED PER MONTH	=	SUB TOTALS
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
TOTAL LABOR COST						=	

INDIRECT COSTS	AMOUNT	X	PERCENT OF FOODSERVICE USEAGE OR PERCENT OF FOODSERVICE SQUARE FOOTAGE	=	SUB TOTALS		GRAND TOTAL SPENT ON CACFP	
		X		=		TOTAL FOOD COSTS (MAINTAIN RECEIPTS)		
		X		=				
		X		=		TOTAL LABOR COSTS		
		X		=		TOTAL INDIRECT COSTS (IF APPLICABLE)		
TOTAL INDIRECT COSTS					=		GRAND TOTAL =	




MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
BENEFICIARY DATA REPORT

A Beneficiary Data Report must be completed once a year to report the racial/ethnic category of participants enrolled in your center. Determine the participant's racial/ethnic category visually using your best judgement. A participant may be included in the category to which he or she appears to belong, identifies with, or is regarded as a member of by the community.

NAME OF CENTER/FACILITY:

ADDRESS:

Ethnic Category (Evaluate all participants for ethnicity first)	Number of Participants
Hispanic, Latino or Spanish origin – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
Racial Category (Evaluate all participants for race. Individuals may be counted in one or more categories)	Number of Participants
American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black, African American or Haitian – A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
Total number of participants evaluated.	
SIGNATURE OF DIRECTOR 	DATE

Filing a Claim for Reimbursement

A center has 60 calendar days from the end of a claim month to submit a claim for reimbursement. If a claim is received past the 60 days due date, the center may not be paid for that month.

Instructions for filing the claim for reimbursement can be found at:
www.dhss.mo.gov/cacfp/CACFP_Claim_Instructions.pdf

MDHSS processes claims received by the 10th of each month for payment by automatic deposit between the 25th and 28th of the month. A second processing for claims is done on the 25th of the month for claims received the 11th through the 25th. The second payment is made around the 13th of the following month.

DHSS Receives Claim by:

10th of the month

25th of the month

Projected Check Issue Date:

25th to 28th of the month

13th of the next month

All claims for CACFP reimbursement are paid by Electronic Transfer Direct Deposit.

Common claiming Errors

Listed below are errors frequently found in the completion of the claim for reimbursement.

1. Claim left in Pending Submission status instead of Pending Approval.
2. License expired in application.
3. Attendance is completed incorrectly. Attendance must be a cumulative total of all children attending for each day of the claim month.
4. The center claims unauthorized meals. A provider can claim only those meals for which they are approved. The institution (center or sponsor) must keep the online center information sheets up to date.
5. Meal claims are in excess of attendance.

WHAT TO DO IF YOU DECIDE TO APPEAL

What can be appealed?

Actions which may be appealed are those that affect your participation or your claim for reimbursement including:

- ✓ Denial of an institution's application for participation;
- ✓ Denial of an application submitted by a sponsoring organization on behalf of a facility;
- ✓ Notice of proposed termination of the participation of an institution or facility;
- ✓ Notice of proposed disqualification of a responsible principal or responsible individual;
- ✓ Suspension of an institution's contract;
- ✓ Denial of all or part of a claim for reimbursement;
- ✓ Demand for the remittance of an overpayment; and
- ✓ Denial by the Missouri Department of Health and Senior Services (MDHSS) to forward to the Food and Nutrition Service an exception request by the institution or sponsoring organization for payment of a late claim or a request for an upward adjustment to a claim, or demand for remittance of an overclaim.
- ✓ Any other action of the state agency affecting an institution's participation or its claim for reimbursement.

What type of appeal?

Appeals are conducted before a duly appointed administrative hearing officer.

- ✓ Administrative (**in person**) review...
 - is an **in-person**, verbal hearing at which testimony and evidence is submitted by the participant and the state agency's legal representative.
- ✓ Abbreviated administrative (**written**) review...
 - is a review of **written** material only. Written evidence is submitted to the Hearing Officer for consideration in the appeal. An appellant cannot request an administrative review after the abbreviated administrative review has taken place.
 - applies to...
 - ▶ Submission of false information on the application.
 - ▶ The participant or one of its principals or its facilities is on the national disqualified list.
 - ▶ The participant or one of its principals or one of its facilities is ineligible to participate.
 - ▶ The participant or one of its principals or one of its facilities has been convicted for any activity that indicates a lack of business integrity.

THE APPEAL REQUEST MUST STATE WHETHER THE SPONSOR/CENTER WANTS AN IN-PERSON, ORAL HEARING OR AN ABBREVIATED (WRITTEN) ADMINISTRATIVE REVIEW.

How to appeal?

The request for an appeal **must** be written and mailed in a timely manner. The request for an appeal must be submitted to both parties listed here.

Send request to:

William R. Rapps, Hearing Officer
10899 County Road 499
Holts Summit, MO 65053

AND

Send copy to:

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102

When does the request have to be filed?

The request for administrative review must be submitted in writing not later than 15 days after the date the notice of action is received. The counting of the 15 days allotted for the request to be received by the hearing official and the state agency begins on the fifth day after the date of mailing of the state agency notice, or on the date of email or fax by the state agency, or on the date the institution receives the notice of findings, whichever is earliest. **Late requests will not be accepted.**

What must the appeal request include?

- ✓ The name, phone number, and mailing address of your institution.
- ✓ Clearly identify the findings that are being appealed, the basis of the appeal, and the remedy sought.
- ✓ Written information to support the appeal (abbreviated review only).
- ✓ A copy of the letter, from the state agency, that gives rise to the review request.
- ✓ **State whether or not the participant is requesting an in-person, oral hearing or an abbreviated (written) administrative review.** A party or entity requesting a review may elect to have an abbreviated administrative review even though entitled to a full hearing.
- ✓ Signature and date of the authorized representative of the institution and have the name and the title of the person who signed the request, if other than the authorized representative.

For your information:

1. You will receive a docketing letter giving the date, time and location of the administrative hearing by mail within 10 days of receipt of the request. Requests for written appeals will receive the deadline date for submission of all written statements and exhibits.
2. Either the state agency or the party requesting the review may thereafter seek a continuance (rescheduling) of the hearing. Such requests must be in writing and should state the reason for the continuance request. The continuance request must be sent to William R. Rapps, Hearing Officer and the state agency. Note: a request of a continuance by the appealing party may waive the right to decision within 60 days of the state agency notice.
3. The hearing officer will notify both parties as to whether or not the continuance is granted or denied. If it is denied, the hearing will be held as originally scheduled. If it is granted, a new hearing date will be sent by the hearing officer. It is extremely helpful if a request for a continuance also contains a statement as to what dates for a new hearing are not available to the party requesting the continuance.
4. The state agency has the right to file an objection to the continuance.
5. *Representation by an attorney:* Missouri state law prohibits employees of a corporation from acting as an attorney on behalf of the employing corporation. An employee may participate in an administrative review on behalf of a corporation, but participation is limited to testimony about the relevant facts related to the appeal. A non-attorney may **not** file motions, briefs or make legal arguments or examine witnesses.
6. The state agency will have legal counsel representation at any in-person oral hearing.

ALL SUBMISSIONS OF WRITTEN MATERIAL MUST BE SUBMITTED BY MAIL. REQUESTS FOR CONTINUANCES MAY BE SUBMITTED BY FAX TO MR. RAPPs AT 573-896-4801.

For more information: Call the CACFP office at 800-733-6251 or refer to the Appeal Chapter of the CACFP Policy and Procedure Manual.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.